

15784 U.S. PRO
09/638648
09/14/86

Class	Subclass
ISSUE CLASSIFICATION	

PATENT NUMBER

U.S. UTILITY Patent Application

SCANNED	O.I.P.E.	PATENT DATE
4/10	Q.A. 15	3

APPLICATION NO. 09/638648	CONT/PRIOR	CLASS 544	SUBCLASS	ART UNIT 1646	EXAMINER 78525
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APPLICANTS
David Stern
Ann Schmidt
Shi Yan
Berislav Zlokovic

TITLE
Method to increase cerebral blood flow in amyloid angiopathy

PTO-2040
12/99

ISSUING CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)			
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)		
514	1	514	2	4H	
INTERNATIONAL CLASSIFICATION		800	3		
A 01 N	61/00	530	387.1		
A 01 N	37/18				
A 01 N	73/04				
G 01 N	33/00				
C 07 K	17/00				

☐ Continued on Issue Slip Inside File Jacket.

<input checked="" type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Flg.	Total Claims	Print Claim for O.G.
			NONE	13	1
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	THAI-AN N. TON (Assistant Examiner)			NOTICE OF ALLOWANCE MAILED	
<input checked="" type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. 6,677,299				ISSUE FEE	
	(Primary Examiner) -			Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	(Legal Instruments Examiner)			ISSUE BATCH NUMBER	


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(FACE)

Issue Classification 	Application No.	Applicant(s)	
	09/638,648	STERN ET AL.	
	Examiner	Art Unit	
	Thai-An N Ton	1632	

ISSUE CLASSIFICATION												
ORIGINAL					CROSS REFERENCE(S)							
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
514		1			514	2	44					
INTERNATIONAL CLASSIFICATION					800	3						
A	0	1	N	61/00	530	387.1						
A	0	1	N	37/18								
A	0	1	N	43/04								
G	0	1	N	33/00								
C	0	7	K	17/00								

Thaian N. Ton 3/04/04 (Assistant Examiner) (Date)		DEBORAH CROUCH PRIMARY EXAMINER GROUP 1400/163 <i>Deborah Crouch</i> 3/5/03 (P. Examiner) (Date)		Total Claims Allowed: 9	
<i>W Phillips</i> 3-10-04 (Legal Instruments Examiner) (Date)				O.G. Print Claim(s) 1	O.G. Print Fig. NONE

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input checked="" type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
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